

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC18015587 / Klvbn2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD TP WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SDH 132MPolicy No. 5066131098-04 180917Claims No. MT/1009555-001

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA 2098E Yr Regn: 15Zu, 27Type: M.Car / M.Cycle / Bus / Van / Lorry / T<sub>0</sub> / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.o. 1700Colour: Blue A/C: Ins<sub>0</sub> / Std / NI / NASp. Reading: 20.9807 T/Radio: Ins<sub>0</sub> / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: J70KBJFu70355876x

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / W/Rim or

Tyre Size: F: 195/65R.5

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or West 1a/6

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 25/8/18 D.O.I. 27/8/18Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear n/s

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction   |
|-------------|--|
|             | SHA 2098E - X <span style="float: right;">JNC</span>                               |
|             | SDH 132M - NA / EQL17006579/52 <span style="float: right;">DA: 31032012 P/P</span> |
| 30/8/18     | Continue P/P \$814.45 / 2 P/p (Red 778-89, 489)                                    |
|             | RECEIVED 31 AUG 2018   |
|             |  |
|             |  |
|             |  |
|             |  |

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 31/8 - typistReport Format: TPLump Sum / I.B.I: (\$) 814.45Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) \$ + RS, SI☐ : Interview (\$ \_\_\_\_\_) Photos☐ : Tech. Invs (\$ \_\_\_\_\_) Others☐ : Weekend (\$ \_\_\_\_\_)

TOTAL

160



# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18015587/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-08-2018  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |               |                |            |
|--------------|---------------|----------------|------------|
| Insured Veh. | SDH 132M      | Veh. Inspected | SHA 2098E  |
| Policy No.   | 5066131098-04 | Coverage (\$)  | 0.00       |
| Claim No.    |               | Excess (\$)    | 0.00       |
| Assign From  |               | Assign Date    | 27/08/2018 |

## 2. Vehicle Particulars & Condition

|              |        |              |
|--------------|--------|--------------|
| Make & Model | c.c    | 0            |
| Engine No.   | HIDDEN | Year of Reg. |
| Chassis No.  |        | Colour       |
| Odometer     | -      | Steering     |
| Brakes       |        | Modification |
| General      |        |              |

## 3. Conditions of Tyres

|                | Size | Make | Balance |
|----------------|------|------|---------|
| R/H Front Tyre |      |      | mm      |
| L/H Front Tyre |      |      | mm      |
| R/H Rear Tyre  |      |      | mm      |
| L/H Rear Tyre  |      |      | mm      |

## 4. Description of Damages

|  |
|--|
|  |
|--|

## 5. General Information

|                |  |                 |            |
|----------------|--|-----------------|------------|
| Accident Date  | 25/08/2018   | Inspection Date | 27/08/2018 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |            |

## 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

## Veron Chen (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Friday, 31 August 2018 10:26 AM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)

**income**  
made different



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.  
Find out more at [income.com.sg/careers](http://income.com.sg/careers)

**in** with you

*'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504.*

*Please forward all motor claims related correspondences to [mtcl@income.com.sg](mailto:mtcl@income.com.sg) so that we can attend to it accordingly.'*

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Friday, August 31, 2018 9:11 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

| S/NO | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle |
|------|------------------|---------------------------------|----------------------|----------------|
| 1    | MT/1008564-002   | COMFORT TRANSPOTATION PTE LTD   | SHB 6719R            | SKE 1758J      |
| 2    | MT/1009555-001   | COMFORT TRANSPOTATION PTE LTD   | SHA 2098E            | SDH 132M       |

| D.O.A     | Time of Accident | Estimate   | Tentative repair cost |
|-----------|------------------|------------|-----------------------|
| 23/8/2018 | 17:00            | \$3,210.05 | \$1,000.00            |
| 25/8/2018 | 16:30            | \$1,593.34 | \$814.45              |

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**Disclaimer**

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

| Select                | Policy No.    | Certificate Number | Policyholder Name  | Policyholder NRIC | Product | Cover Type                | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|--------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5066131098-04 |                    | CL LEASING PTE LTD | 201321410W        | GFT     | Third Party, Fire & Theft | SDH132M     | SDH132M        | 18/09/2017    |             |

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                                  |
|----------------------------|----------------------------------|
| Date Of Report             | 27/08/2018 09:18                 |
| Date Of Accident           | 25/08/2018 16:30                 |
| Exact Location Of Accident | CLEMENTI RD TWDS UPP BUKIT TIMAH |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA2098E                       |
| <b>Insured/Policyholder</b> |                                |
| Name Of Registered Owner    | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No                   | 199303821R                     |
| Email Address               | FLEETSAFETY@CDGTAXI.COM.SG     |
| Mobile Phone No             |                                |
| Alternative Phone No        | OFFICE-65508768                |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | PRIUS       |
| Exact Purpose for which vehicle was being used at time of accident           |             |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO          |
| If No, Please state action to be taken                                       | THIRD PARTY |
| Vehicle Category   | TAXI        |

### Insurance Company

|                           |                                |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT  |
| Fleet Policy              | YES                            |
| Policy Number             | D-18088936MFSH                 |
| Cover Note Number         |                                |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | NG KOK HENG             |
| NRIC No              | S8131182Z               |
| Date Of Birth        | 25/09/1981              |
| Occupation           | OUTDOOR                 |
| Date Of Driving Pass | 13/10/2011              |
| Driving Experience   | 6 YEARS AND 10 MONTHS   |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-97689841    |
| Fax Number           |                         |
| Contact Number       |                         |
| Email Address        | TONY_TAN512@HOTMAIL.COM |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 524A PASIR RIS ST 51 #09-625 |
| Postcode  | 511524                           |
| Was driver an employee of the Insured's Company     | NO                               |
| If No, Relationship of the Driver with the Insured  | OTHER - TAXI DRIVER              |
| Vehicle Registration Number of Driver's Own Vehicle | -                                |
|   | -                                |
|   | -                                |
| Insurance Company of Driver's Own Vehicle           | -                                |
|   | -                                |
|   | -                                |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |                               |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                            |
| Number of vehicles involved in the accident   |                               |
| Was any body injured in the Accident?   | NO                            |
| Was any injured conveyed to hospital by ambulance?  | NO                            |
| Was any other material or property damaged?   | YES                           |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO                            |
| Number of Passengers (Including Driver)   | 2                             |
| Passenger 1   | NAME: : -<br>GENDER: : FEMALE |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO ATTACHED

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Remarks/ Reasons:                             | -   |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | SDH132M                                |
| Vehicle Make/Model/Colour   |  |
| Details Of Properties       |  |
| Vehicle Category            | PRIVATE CAR                            |
| Name of Driver              | ISMAIL BIN JASMAN                      |
| NRIC/Passport Number        | S7338202E                              |
| Contact Number              |  |
| Address                     |  |
| Postcode                    |  |
| Insurance Company Name      | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage            | FRT                                    |

No. Of Passenger (Including Driver)



## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

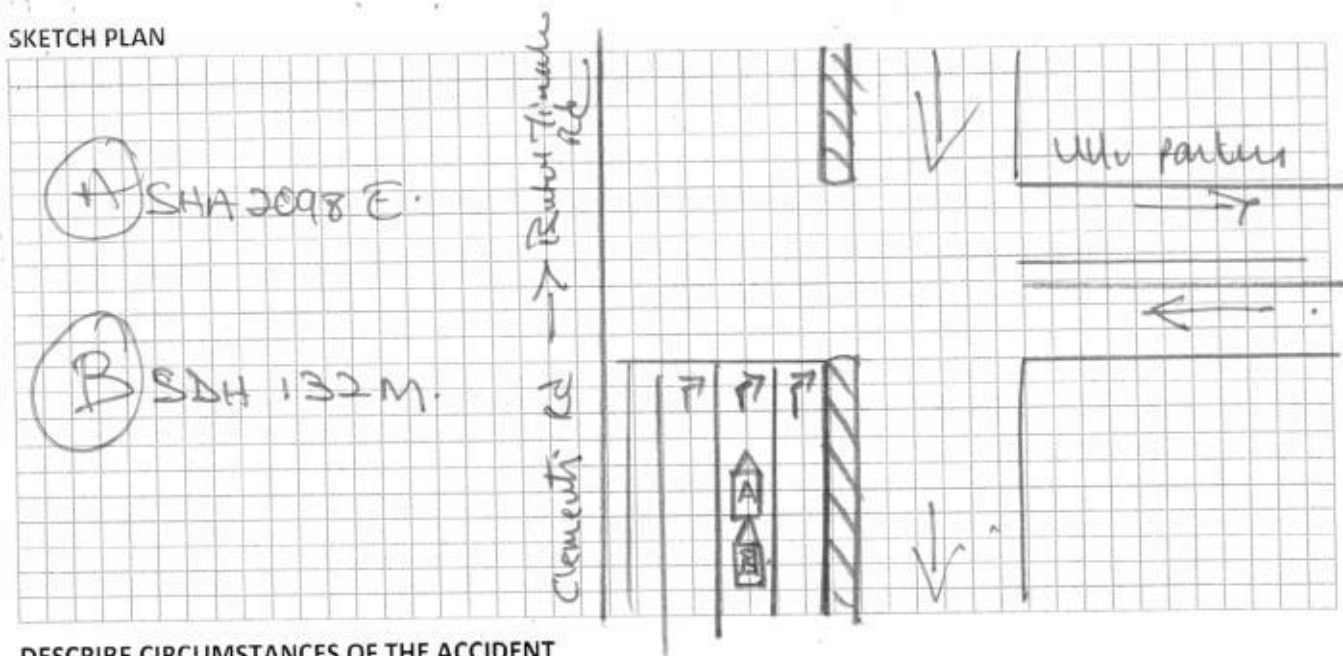
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303321R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 25 Aug 2018 @ 1630 hr I VEH (A)

was driving at Trafal Junction. at

the above location suddenly VEH (B) from

rear hit VEH (A) rear. at the point of

accident VEH (A) ferry a female passenger

she was OK..

## DECLARATION

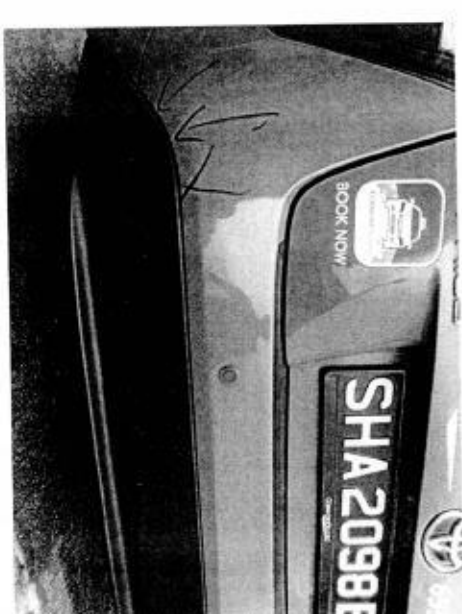
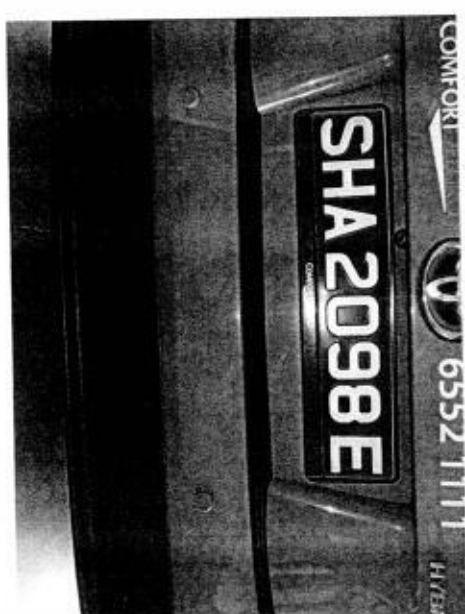
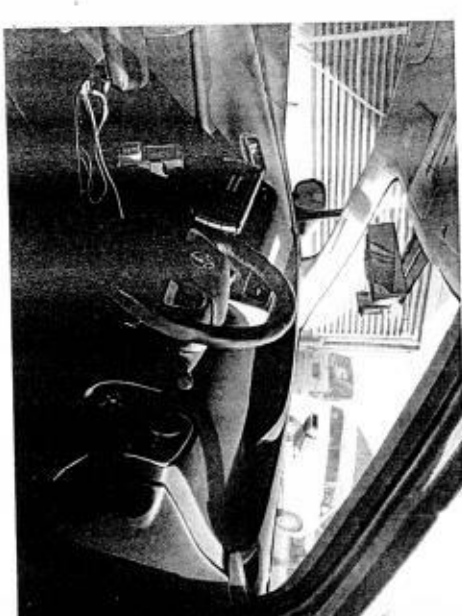
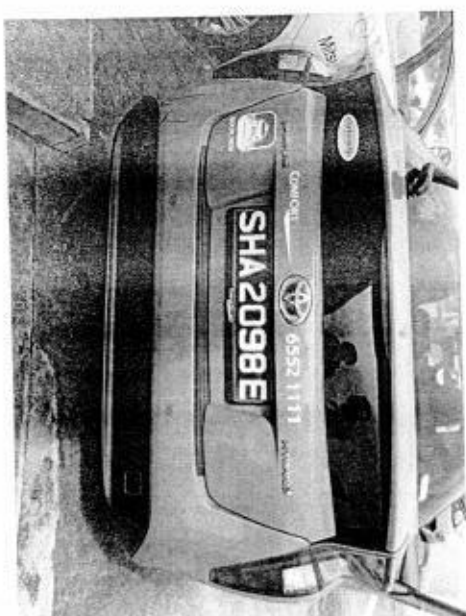
I/We declare the foregoing particulars are true in every respect.

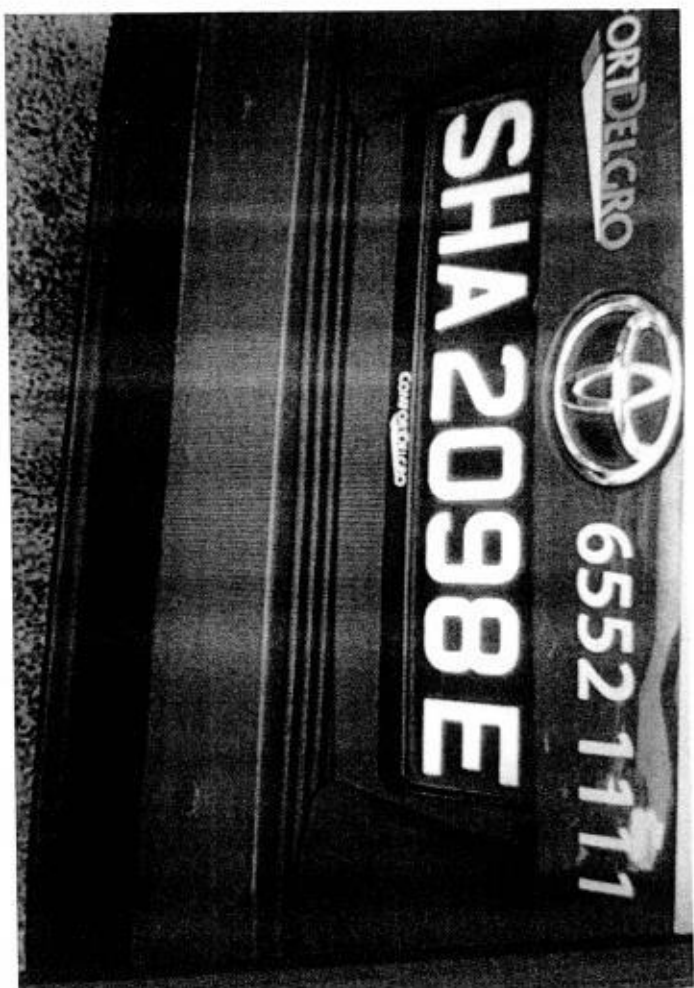
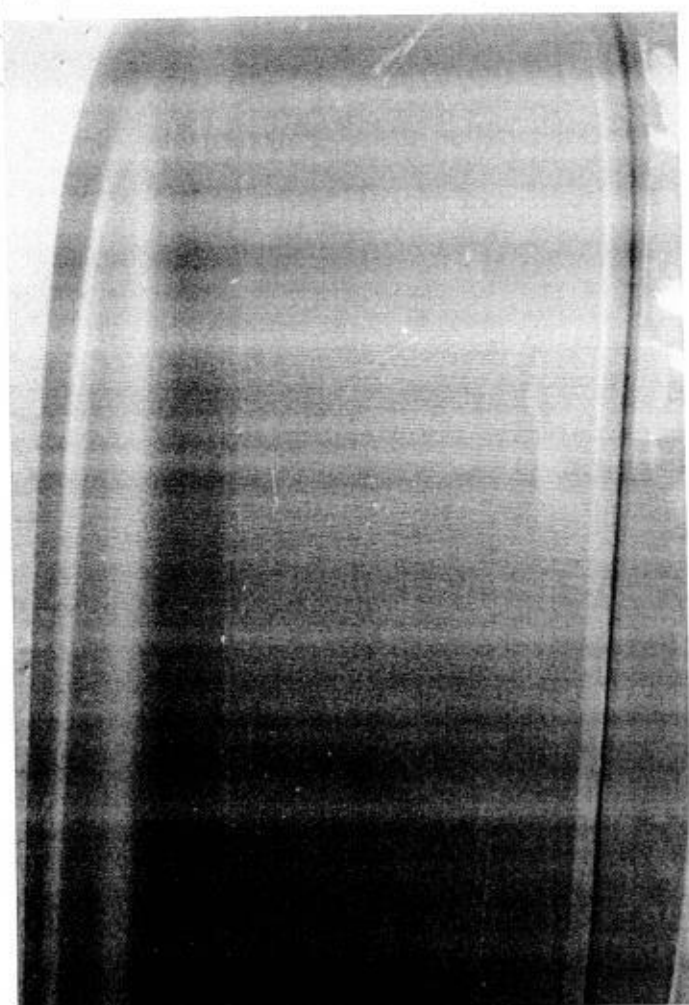
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 192303321R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305204656

STOMER

COMFORT TRANSPORTATION PTE LTD

I/MS

7010045

STOMER NO.

DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(P)

(P)

SCOUNT CARD NO.

REGN NO.:

SHA2098E

MILEAGE

MAKE:

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)25.08.2018 21:15

DATE/TIME IN

YR OF MANU

15.06.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU703558764

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 25.08.2018

NATURE: 3P 25.08.2018

S NO

LABOR CODE

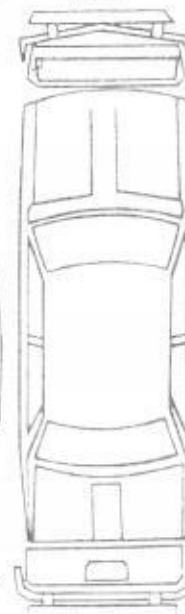
DESCRIPTION

FRONT

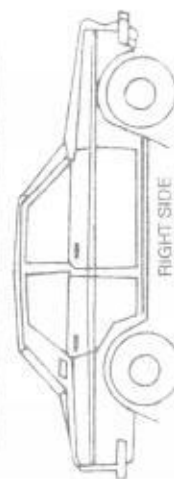
NTUC - Taxi Rear damage  
LCC/Kalini -



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

e:

lo.:

le No.:

SHA2098E

LARRY

Vehicle No.:

SHA2098E

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

a returned to Service Reception upon collection

To be kept by Security Guard

*Handwritten signature*



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHA2098E

DATE: 27. Aug. 2018

MAKE : TOYOTA

MODEL : PRIUS

DOA: 25. Aug. 2018

NTUC

| Qty  | Parts Description/ Labour           | Type | Unit Price | Amount     |
|--|-------------------------------------|------|------------|------------|
| 1  | Rear Bumper X repair                |      |            | \$458.60   |
| 1  | Rear Bumper Undercover - cut        |      |            | \$552.60   |
| 1  | Rear Bumper Side Retainer - LH X sm |      |            | \$112.70   |
| SUB TOTAL  |                                     |      |            | \$1,123.90 |
| LESS 25%   |                                     |      |            | \$280.56   |
| DISCOUNTED TOTAL   |                                     |      |            | \$843.34   |
| 1  | Rear Bumper Rubber Mat X 11         |      |            | \$50.00    |
| Labour Charge  |                                     |      |            |            |
| 1  | Panel Beating                       |      |            | \$250.00   |
| 1  | Spray Painting Charge               |      |            | \$250.00   |
| 1  | Wiring Charge                       |      |            | \$80.00    |
| 1  | Remove/refix Reverse sensor         |      |            | \$120.00   |
| TOTAL LABOUR   |                                     |      |            | \$700.00   |
| ESTIMATE TOTAL   |                                     |      |            | \$1,593.34 |
|  |                                     |      |            | 1592.92    |
| This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company. |                                     |      |            |            |

Nett

200

X 14

X 14

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Survey is on a "Without Prejudice" basis
- No illegal modifications allowed
- Supplementary items must be resurveyed and to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

K. L. K. 16/11/14

M 27/8/18 1520hrs

2 Days

P/P

After Repair photo

Larry Ng

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 30.08.2018

## REPAIR ESTIMATE

Time: 11:28:29

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305204656  
REGN NO : SHA2098E  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 15.06.2017  
DATE/TIME IN : 25.08.2018 21:15  
ACCIDENT DATE : 25.08.2018

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45

SUB-TOTAL : 414.45

## JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 814.45

\_\_\_\_\_  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305204656

Date : 30. Aug. 2018

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA2098E

Date of Accident: 25. Aug. 2018

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC SDH132M

2. The finalized amount shall be:

(a) Spare Parts after List discount \$414.45

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$814.45

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

Final Lumpsum Repair cost \_\_\_\_\_

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kabin

Date : 30/8/18

## For Official Use Only

| Item   | Amount | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|--|--------|-----------------------------|------------------------|---------|
| 1. Rental Rate P/Day                                 |        | YES                         |                        |         |
| 2. Loss of Income Paid                               |        |                             |                        |         |
| 3. Survey Fees                                       |        |                             |                        |         |
| 4. LTA Search Fee                                    |        |                             |                        |         |
| 5. Medical Fees (on behalf of driver, if applicable) |        |                             |                        |         |
| 6. Overrun   |        |                             |                        |         |

Remarks:






# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



|  |  |                 |                    |   |
|--|--|-----------------|--------------------|---|
| NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18015587/K1vbn2  |  |                 |                    |   |
| 73 BRAS BASAH ROAD<br>#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556  |  |                 | Date: 10-09-2018   |  |
|  |  |                 | Code: INC4         |   |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>  |  |                 |                    |   |
| Insured Veh.   | SDH 132M   | Veh. Inspected  | SHA 2098E          |   |
| Policy No.   | 5066131098-04  | Coverage (\$)   | 0.00               |   |
| Claim No.  | MT/1009555-001   | Excess (\$)     | 0.00               |   |
| Assign From  |  | Assign Date     | 27/08/2018         |   |
| <b>2. Vehicle Particulars &amp; Condition</b>  |  |                 |                    |   |
| Make & Model   | TOYOTA PRIUS   | c.c             | 1798               |   |
| Engine No.   | HIDDEN   | Year of Reg.    | 2017               |   |
| Chassis No.  | JTDKB3FU703558764  | Colour          | BLUE               |   |
| Odometer   | 209807   | Steering        | IN ORDER           |   |
| Brakes   | IN ORDER   | Modification    | STANDARD ALLOY RIM |   |
| General  | GOOD   |                 |                    |   |
| <b>3. Conditions of Tyres</b>  |  |                 |                    |   |
|  | Size   | Make            | Balance            |   |
| R/H Front Tyre   | 195/65 R15   | WEST LAKE       | 7 mm               |   |
| L/H Front Tyre   | 195/65 R15   | WEST LAKE       | 7 mm               |   |
| R/H Rear Tyre  | 195/65 R15   | WEST LAKE       | 7 mm               |   |
| L/H Rear Tyre  | 195/65 R15   | WEST LAKE       | 7 mm               |   |
| <b>4. Description of Damages</b>   |  |                 |                    |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.<br>DAMAGES SEE DETAILS.   |  |                 |                    |   |
| <b>5. General Information</b>  |  |                 |                    |   |
| Accident Date  | 25/08/2018   | Inspection Date | 27/08/2018         |   |
| Survey held at   | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |                    |   |
| <b>5a. Remarks</b>   |  |                 |                    |   |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |  |                 |                    |   |
| <b>5b. Estimate Days of Repair</b>   |  |                 |                    |   |
| ESTIMATED NORMAL PERIOD FOR REPAIR:  |  | 2 Working Days  |                    |   |



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2098E

| Qty  | Description of Parts                                  | Condition            | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|----------------------|---------------------------|-------------------|
|  | <b><u>REPLACEMENT OF PARTS</u></b>                    |                      |                           |                   |
| 1  | REAR BUMPER   | TO REPAIR SEE LABOUR | 458.60                    | -                 |
| 1  | REAR BUMPER UNDERCOVER                                | CUT                  | 552.60                    | 552.60            |
| 1  | REAR BUMPER SIDE RETAINER-LH                          | SERVICEABLE          | 112.70                    | -                 |
|  | LESS 25% DISCOUNT                                     |                      | -280.98                   | -138.15           |
|  |   |                      | 842.92                    | 414.45            |
|  | <b><u>SPECIAL NETT ITEMS</u></b>                      |                      |                           |                   |
| 1  | REAR BUMPER RUBBER MAT (SN)                           | NOT NECESSARY        | 50.00                     | -                 |
|  |   |                      | 50.00                     | -                 |
|  | <b><u>LABOUR</u></b>                                  |                      |                           |                   |
|  | PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER. |                      | 250.00                    | 200.00            |
|  | SPRAY PAINTING CHARGE.                                |                      | 250.00                    | 200.00            |
|  | WIRING CHARGE.  | NOT NECESSARY        | 80.00                     | -                 |
|  | REMOVE/REFIX REVERSE SENSOR.                          | NOT NECESSARY        | 120.00                    | -                 |
|  |   |                      | 700.00                    | 400.00            |
|  | <b>GRAND TOTAL</b>                                    |                      | <b>1,592.92</b>           | <b>814.45</b>     |
| <b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b> |   |                      |                           | <b>814.45</b>     |

Report Ref No. NS/INC18015587/K1vbn2



KALVIN ANG WEI KUN

Automotive Assessor / Investigator



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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